## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 25 2017

I. Name of Lobbyist(s)	ephen h	MAKIO	NEW HAMPSHIRE
II. Name of lobbyist's partners	ship, firm or corporation, i	f any:	DEPARTMENT OF STAT
(Name of partne	ership, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( )(Telephone)	( )(I	e-mail	
III. This statement covers: (Chreportable expense transaction All reportable transactions o	s which are not attributab	le to any one client).	you may file a separate report for
TILENICAL (Full Nar OR	ne of Client as it appears on the	Lolloyist Registration Form)	<u>                                     </u>
		lobbyist's family), or the lo	obbying firm listed below which are
• •	5, 2017 $\Box$ te of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to	6/30/17
	r 25, 2017	January 31, 20 <i>activity from 10/1/17 t</i>	
V. There have been no fees If this box is checked, complete j Concord, NH 03301.			
VI. Check if additional reports			1.5
☐ If you have received fees or ☐ If you have paid an honorari Expense Reimbursement	ium or reimbursed expenses.		•
•		tributions, you must file Ad	dendum C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my Signature of lobbyist)	RSA 14-C and RSA 664 an	d hereby swear or affirm th	nat the foregoing information is true (Date)
Stephen has (Print Name of lobbyist)	SARIU		